## BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050 ATTORNEY DOCKET NO. 0171-0813P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title: ->	Ink Jet Pr	inting Paper						
Fill in Appropriate	the specification of which is attached	harato. If not attached harato						
nformation —	-		n e					
Vithout	the specification was filed onas United States Application Number:							
Specification	and amended on (if applicable); and/or							
Attached:	the specification was filed	as PCT						
	the specification was filed on							
	amended under PCT Article 19 on			applicable)				
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
	thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year pri							
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<u></u>			the United States of America more than object of an inventor's certificate issued					
<b>U</b> 1			an application filed by me or my legal rep					
=			tion, and that no application for patent or i					
			America prior to this application by me or					
į.	or assigns, except as follows.							
			ites Code, §119 (a)-(d) of any foreign app					
offer from the state of the sta			foreign application for patent or inventor	or's certificate having a				
	filing date before that of the applica							
Insert Priority	Prior Foreign Application			Priority Claimed				
Information:	2001-015372	Japan	01/24/2001	$\boxtimes$				
(if appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
				Yes No				
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No				
Insert Provisional	I hereby claim the benefit under Titl	e 35, United States Code, §119(e)	of any United States provisional applicat	ion(s) listed below.				
Application(s):   (if any)	(Application Number)			(Filing Date)				
		(Application Number)						
	(Application Number) (Filing Date)  All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country	Application l	Number Date of Film	ig (Month / Day / Year)				
Insert Requested Information:  (if appropriate)								
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Application(s):			<u> </u>					
(if any)	(Application Number)	(Filing Date	) (Status — patented	, pending, abandoned)				

(Filing Date)

(Status - patented, pending, abandoned)

(Application Number)

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I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19.382)
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(Revised 11-98)

\* DATE OF SIGNATURE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeonardize the validity of the application or any patent issued thereon.

1	false statements may jeopardiz	e the validity of the applica	tion or any patent issued thereon.				
Full Name of First or Sole Inventor.	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Insert Name of Inventor Insert Date This Document is Signed	Kazuyuki	MATSUMURA	Korsujuki matoumina		dec 25.200/		
	Residence (City, State & Country)	111100110101	reason much	CITIZENSHIP	/		
Insert Residence Insert Citizenship	Usui-gun, Gunma-ken, Japan			Japanese			
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Address	Co., Ltd., 1-10, Oaza Hitomi, Matsuida-machi, Usui-gun, Gunma-ken, Japan						
Full Name of Second Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
	Akira	OTOMAMAY	Akira Jamamote		Dec. 25, 2001		
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	c/o Silicone-Electronics Materials Research Center, Shin-Etsu Chemical Co.,Ltd., 1-10, Oaza Hitomi, Matsuida-machi, Usui-gun, Gunma-ken, Japan						
				Gunma-Ke			
Full Name of Third	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Inventor, if any see above				1			
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	PBST OF FIGE ABBITCAS (complete of their Address modelling Stry, of the discountry)						
Full Name of Fourth Inventor, if any see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
			.,,,	т			
	Residence (City, State & Country)			CITIZENSHIP			
	POST DFFICE ADDRESS (Complete Street Address including City, State & Country)						
The state of the s	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*		
Full Name of Fifth Inventor, if any	GIVEN WANTE	.,,,,,,,,					
see above	Residence (City, State & Country)			CITIZENSHIP			
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	DOCT OFFICE ADDRESS (Complete Street Address including City, State & Country)						
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